



COUNTY BOROUGH OF BLACKBURN

EDUCATION COMMITTEE



ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

For the Year 1961

By

J. ARDLEY, M.B., B.S., D.P.H.

Principal School Medical Officer



COUNTY BOROUGH OF BLACKBURN

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

For the Year 1961

By

J. ARDLEY, M.B., B.S., D.P.H.

Principal School Medical Officer



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b28930940>

EDUCATION COMMITTEE

1961-62

Mr. Alderman	C. A.	CRITCHLEY, J.P.
"	G. B.	EDDIE, O.B.E., J.P.
"	R. H. G.	HORNE, J.P. (Vice-Chairman)
"	R. F.	MOTTERSHEAD, C.B.E., J.P.
Alderman Mrs.	M. A.	McNAMEE
Mr. Councillor	A.	CARUS
"	W.	CUNLIFFE
"	L.	EDWARDS
"	T.	ELLIS
"	F.	HULME
"	F.	JAMIESON
Councillor Miss	F. G.	LEWIS
Mr. Councillor	T. H.	MARSH
"	G.	MASON (Chairman)
"	T.	TAYLOR
Councillor Mrs.	E.	RAILTON
The Rev.	L. E. H.	SWAN
The Rev.	J. E.	WATSON
The Very Rev. Canon		McENERY
	A.	FRANCE, Esq.
	G.	ARMISTEAD, Esq.
	J.	BOLTON, Esq.

OFFICERS EMPLOYED IN THE SCHOOL HEALTH SERVICE

Principal School Medical Officer

J. ARDLEY, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer

J. Q. MOUNTAIN, B.Sc., M.D., D.P.H.

School Medical Officers

IRENE S. BAILEY, M.A. (Camb), M.R.C.S., L.R.C.P., D.P.H. (to May)

D. S. ROSS, M.B., Ch.B., D.P.H. (to Aug)

BERYL SEPHTON, M.B., Ch.B., D.P.H.

L. P. GRIME, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. (from Feb)

P. W. LANG, L.R.C.P., L.R.C.S., L.R.F.P. & S. (from Nov)

Assistant Medical Officers (Part-time)

E. CARTER, M.D., D.P.H.

C. Y. HOWARTH, M.B., Ch.B.

MARGARET S. GIBBOURNE, M.B., Ch.B.

Part-time Consultant Medical Officers

J. EVANS, M.D., F.R.C.S., (Oto-Rhinology)

A. L. MEADAM, M.D., (Cardiology)

R. WARD, M.D., M.R.C.P., (Chest Physician)

P. R. STEVENS, M.R.C.S., L.R.C.P., D.O., (ophthalmology)

Part-time Consultant Orthodontist

L. C. G. HODGKINS, L.D.S.

Dental Officers

J. RIGBY, L.D.S., Principal School Dental Officer

J. GREGSON, B.D.S.

Superintendent Nursing Officer

MISS L. M. BROWN

(S.R.N., S.C.M., H.V. Cert., Cert. R.S.H.)

Health Visitor/School Nurses:

Miss V. E. GILL,	SRN, SCM, HV Cert., QS	Miss M. LONGWORTH,	SRN, SCM, HV Cert. (to July)
Miss M. THEXTON,	SRN, SCM, HV Cert., QS	Miss M. WILSON,	SRN, SCM, HV Cert.
Miss I. BARLOW,	SRN, SCM, HV Cert., QS	Miss G. P. ODDIE,	SRN, SCM, HV Cert.
Miss M. DUXBURY,	SRN, SCM, HV Cert., QS (to June)	Miss A. M. EDDIE,	SRN, SCM, HV Cert.
Mrs. M. A. MORLEY,	SRN, SCM, HV Cert., QS	Mrs. M. G. SANDBACH,	SRN, HV Cert.
Mrs. G. O. CLARK,	SRN, SCM, HV Cert., QS	Mrs. J. HOLGATE,	SRN, HV Cert. (to June)
Miss K. MOLLOY,	SRN, SCM, HV Cert. (to June)	Mrs. E. M. WARD,	SRN, SCM, HV Cert. (to June)
Mrs. A. F. DOYLE,	SRN, SCM, HV Cert.	Mrs. L. M. HINDLE,	SRN, HV Cert. (from July)
Mrs. B. M. HOWARTH,	SRN, SCM, HV Cert. (from July)		
Mrs. H. G. CUMMINGS,	SRN, SCM, HV Cert.		

School Nurses:

Mrs. H. E. CARTER,	SRN	Miss A. ROBINSON	(from March to Aug) SRN
Miss D. M. McGOUGH,	SRN, SCM	Mrs. J. P. JAMES,	SRN (from Sep)
Mrs. A. MASTERS,	SRN	Miss O. I. E. RICHARDSON,	SRN, SCM, (from Sep)
Mrs. V. M. STONE,	SRN (from April)	Mrs. G. J. ELLIS,	SRN, SCM, (to Sep)
Miss D. E. SALMON,	SRN, SCM (to Sep)	Mrs. B. M. WILSON,	SRN, SCM, (from Sep)

Physiotherapists:

Mrs. M. KEMPTON, C.S.P. (Senior Physiotherapist)
Mrs. D. YATES, C.S.P. (Part-time)(from June)
Miss M. HORNE, C.S.P. (to June)
Miss M. HILL, C.S.P. (from Aug)

Orthoptists:

Miss S. C. SPEIGHT, D.B.O. (Senior Orthoptist)
Miss E. A. M. HARRIS, D.B.O. (from Jan)
Miss A. GREENWOOD, D.B.O. (from Jan)

Speech Therapists:

Miss A. M. ORR, L.C.S.T. (to Sep)
Mrs. J. KNIGHT, L.C.S.T. (part-time)(from Jan)

Dental Attendants:

Miss M. TOTTY, (Senior Dental Attendant)(to Feb)
Miss L. E. WALSH, (Senior Dental Attendant)(from Mar)
Mrs. H. TROOP (nee Whittaker)(part-time) (from April)

Clinic Attendants:

Miss E. CLAYTON
Miss D. M. WATTS (to Aug)
Miss B. S. Y. HIGHAM (from Sep)

August, 1962.

Mr. Chairman, Ladies and Gentlemen,

I take pleasure in presenting my third Annual Report, the 56th of the series, on the work of the School Health Service during 1961.

I referred last year to the difficulties of staffing, which were continued during 1961. Dr. L. P. Grime and Dr. P. W. Lang joined the staff in February and November respectively, both with the intention of taking their Diplomas in Public Health in due course. However, these appointments were offset by the resignations of Dr. Irene S. Bailey (in May) and Dr. D. S. Ross (in August). Dr. Bailey left us to take up an appointment with the Cumberland County Council and Dr. Ross to enter private practice in Scotland. At the end of the year, therefore, the department was still one medical officer short of establishment.

The Health Visiting staffing problem deteriorated still further, and at December 31st, the number employed was 13 (11 actually on duty) out of an establishment of 23. It is to be hoped that moves approved by the Council in December will help to achieve more stability during the next few years.

The development proposed for both the Health and School Health Services makes stability in staffing the most vital and urgent need. The establishment of two Major Health Centres cannot be achieved overnight. Neither, of course, can the department afford to wait for the day the Centres are built. It is essential that the services be re-organised now (and with them, the staff) in order that the final moves can be automatic and not fundamental, no matter how difficult this may be in the present overcrowded, hopelessly inadequate and unsuitable premises.

It is to be hoped that 1962 will see some measure of success in this not incon-

siderable task of re-organisation.

Once again, I have to report the death during the year of a member of the staff who could still have been expected to enjoy many years of service and happy life. Miss Mary Duxbury, Health Visitor/School Nurse, and past Queen's District Nurse, was a happy, devoted and dedicated person to her calling, and her death in June, after some months' illness, was a great shock to all her colleagues. We sympathise with her brother and relatives. Another departure during the year was Miss M. Longworth. Despite her illness Miss Longworth had served the authority as a Health Visitor/School Nurse loyally and well since October, 1949, and we were sorry to lose her when she retired on medical grounds in July.

Three items of note are worthy of mention. The first, an investigation into the habits of senior boys and girls, brought ill-advised and twisted reports in certain branches of the National Press resulting in the discontinuing of the survey. Similar surveys since carried out by other authorities have provided valuable data for giving direction to Health Education programmes. The second was a Course in Family Psychiatry, arranged by the Health Committee in conjunction with the University of Manchester for Assistant Medical Officers and Health Visitors/School Nurses. This Course was part of the scheme to embrace all aspects of Medico-Social work and was the fore-runner of more plans for in-service training. Thirdly, in August 1961, a Bursary scheme to encourage young doctors to study for the Diploma in Public Health while appointed as Assistant Medical Officers of Health and School Medical Officers in Blackburn was introduced by the Health Committee in an attempt to produce continuity and stability in the service.

In December, the Committee approved a scheme for group testing the vision of children under seven. The ascertainment of defective vision in young children, unable to read their letters has always presented difficulties and the Consultant Ophthalmologist (Mr. P. R. Stevens), in conjunction with the Orthoptists has now devised a series of tests for use in schools during 1962.

In conclusion, I would again record my thanks to all members of the staff for their ready assistance and to members of the Education Committee for their courtesy and support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'J. Andley'. The signature is written in a cursive style with a large, looping initial 'J'.

Principal School Medical Officer.

SCHOOL CLINICS

DESIGNATION	PURPOSE	WHERE HELD	TIMES
Inspection	Special Examination of Cases referred by Teachers, School Welfare Officers and School Nurses.	Victoria Street	Wednesday 2.0 p.m. Saturday 9.30 a.m.
Ophthalmic	Prescription of Spectacles	"	Monday 8.30 a.m. Tuesday 2.30 p.m. Thursday 2.30 p.m. (By appointment)
Dental Clinic	Dental Treatment	"	Every week-day (By appointment)
Minor Ailments	Treatment of Minor Diseases of Skin, etc.	"	Every week-day at 8.45 a.m.
Cleansing	Treatment of Scabies and Cleansing of Verminous Cases	Blakey Moor	By appointment
Physiotherapy	Treatment of Postural Defects, Sunlight	Victoria Street	Every week-day (By appointment)
Immunisation	Immunisation against Whooping Cough, and Diphtheria, and Vaccination against Poliomyelitis	"	Monday, 3.45 p.m. or by appointment
Vaccination	Vaccination against Smallpox Vaccination against Tuberculosis	"	By appointment
Ear, Nose and Throat	Treatment of Deafness, etc.	"	As required (By appointment)
Orthoptic	Correction of Strabismus	"	Every week-day (By appointment)
Heart, Rheumatism & Anaemia	Diagnosis and Supervision of cases suffering from Rheumatism and Heart Defects and the investigation of Anaemia	"	By appointment
Speech	Correction of Speech Defects	St. Peter Street	Every Week-day (By appointment)

COST OF SCHOOL HEALTH SERVICE

I am indebted to the Borough Treasurer, Mr. L. Wolstenholme, for the following particulars relating to the cost of the School Health Service during 1960 - 1961.

EXPENDITURE

	£	s	d	£	s	d
Salaries	19092	18	7			
Fees	1363	6	7			
Travelling Expenses	314	5	6			
Printing, Stationery, etc.	241	0	11			
Drugs, Medical Requisites & Apparatus	1416	3	0			
Rents and Insurances	40	12	10			
Superannuation - Employers' Contributions	1017	5	10			
Equal Annual Charge	539	5	4			
National Insurance - Employers' Contributions	436	2	4			
Malt, Oil, Tonics etc.	33	17	0			
Fuel, Light and Cleaning	196	8	11			
Upkeep of Buildings	2278	13	0			
Spectacles	141	4	7			
Staff Training	169	19	6			
Sundries	2	4	1			
				£ 27,283	8	0

INCOME

Recovered from -

Blackburn Executive Council	391	15	6
Health Committee - Dental Sessions.	273	0	0
Lancashire County Council -			
Orthoptic Clinics	272	7	6
Regional Hospital Board -			
Orthoptic Clinics	274	7	1
Miscellaneous	87	18	0

£ 1,299 8 1

EXPENDITURE LESS INCOME

£ 25,983 19 11

The rateable value of the Borough on 31st March, 1961, was £1,261,985. The cost of medical inspection and treatment in schools for the twelve months ended 31st March, 1961, was £25,984, compared with £25,782 in the previous year.

This was equivalent to £1. 11. 9d. per child on the school rolls, and expressed as a penny rate was 5.39d.

SCHOOL POPULATION

Particulars of children on the rolls at maintained schools are as follows:

	<u>No. on Rolls</u>
3 Nursery Schools	120
60 Primary School Departments ...	9556
14 Secondary Schools	6713
3 Special Schools	278
	<hr/>
Total	<u>16667</u>

SECTION ONE

MEDICAL INSPECTION

The programme of Routine Medical Inspection, adopted in 1955, has been continued.

The year's findings are set out on pages 10 to 12, whilst Table 1 below shows the numbers of children examined in years of birth of Groups examined.

Table 1

Year of Birth of Groups Examined			
1946 and earlier	...	...	846
1947	...	...	285
1949	...	...	95
1950	...	...	209
1952	...	...	4
1953	...	...	33
1954	...	...	104
1955	...	...	374
1956	...	...	976
1957 and later	...	...	321
Totals	...	...	3247

ROUTINE MEDICAL INSPECTIONS DURING 1961

(a) Attendance of Parents at Inspection

Table 2

Year of Birth of Groups Examined	Number Exam'd	Parents Present	% Parents Attendances	Boys	Girls
1946 and earlier	846	61	7.2	387	459
1947	285	23	8.1	215	70
1949	95	39	41.1	84	11
1950	209	81	38.7	174	35
1952	4	2	50.0	4	-
1953	33	22	66.6	14	19
1954	104	86	82.7	52	52
1955	374	327	87.4	206	168
1956	976	881	90.2	492	484
1957 and later	321	286	89.1	148	173
TOTALS	3247	1808	55.6	1776	1471

(b) General condition

The general condition of children examined at Routine Medical Inspection during 1961 was again satisfactory.

(c) Visual Defects and External Diseases of the Eye

One hundred and fifty-four children were found to have defective vision at routine medical inspection, all but four being referred for treatment.

In addition to those children with defective vision, forty-six children were found with squint, whilst eight children were recorded as suffering from "Other forms of external eye disease".

(d) Ear Disease and Hearing Defects

At Routine Medical Inspection, sixty-seven children found to have ear trouble were dealt with as follows:

	Referred for treatment	Referred for observation	Total
Hearing	32	4	36
Otitis media	18	-	18
Other	10	3	13

(e) Nose and Throat

Sixty-five children were referred for treatment and thirty-one were placed under observation.

(f) Defective Speech

At routine inspection, thirty-one children were found to be suffering from speech defects, thirteen of whom were referred for treatment.

(g) Orthopaedic Defects

One hundred and fifty-three children were discovered at routine medical inspection as follows:

	<u>Requiring</u> <u>treatment</u>	<u>For</u> <u>observation</u>	<u>Total</u>
Posture	20	1	21
Feet	98	17	115
Other	11	6	17

(h) Heart and Circulation

Six children were referred for treatment and three for observation as a result of defects found at Routine Medical Inspections.

(i) Lungs

Forty-four children were found to have respiratory defects of varying degree, twenty-one of which required treatment.

(j) Miscellaneous Defects

The following table sets out details of other defects found at Routine Medical Inspection:

Table 3

Defect	Requiring Treatment	For Observation	Total
Skin	6	3	9
Lymphatic Glands ..	-	-	-
Developmental			
(a) Hernia	5	2	7
(b) Other	-	-	-
Nervous System			
(a) Epilepsy	-	-	-
(b) Other	-	-	-
Psychological			
(a) Developmental	27	32	59
(b) Stability	8	3	11
Abdomen	-	-	-
Other	30	37	67

Heights and Weights

Table 4

Year of Birth of Groups Examined	BOYS			GIRLS		
	No. Examined	Average Height in inches	Average Weight in pounds	No. Examined	Average Height in inches	Average Weight in Pounds
1945	45	56½	114½	77	58	116
1946	342	62½	118½	382	62	108½
1947	215	63½	116	70	61½	98½
1949	84	56½	71	11	57	84
1950	174	53½	59½	35	50½	74½
1952	4	52½	63	-	-	-
1953	14	46½	51½	19	48½	50½
1954	52	45½	50½	52	45½	48½
1955	206	40½	43	168	42½	41½
1956	492	42½	41	484	41½	39
1957	111	40	36½	135	39½	36
1958+	37	38	31½	38	37	31

Following-up

(a) General

Two hundred and twenty-nine children, referred for observation at Periodic Medical Examination, were re-examined at the "Follow-up" Clinic. Head Teachers were kept informed of the results of these examinations.

(b) School Nurses' Work

During 1961, School Nurses made 168 follow-up visits to the homes of children found to have defects at periodic medical inspection, and 31 regarding the cleanliness of children.

The following table sets out details of the work of the School Nurses during the year.

Table 5

VISITS TO SCHOOLS

	No. of Visits	Children Inspected
(a) Re Cleanliness	411	23720
(b) Re Infectious Diseases	-	-
(c) For Other Reasons ...	213	3278
Totals ...	<u>624</u>	<u>26998</u>

Cleanliness Inspections

(a) No. of children clean	22025
(b) No. of children with Nits or Pediculi	1695
Totals ...	<u>23720</u>

HOME VISITS

(a) Re Uncleanliness	31
(b) Defects found at Routine Inspection	168
Totals ...	<u>199</u>
NUMBER OF CLINIC SESSIONS ATTENDED ...	<u>678</u>

SECTION TWO

TREATMENT

Clinics

Location of the various Clinics are shown on Page 7 of the Report.

Inspection Clinic

The Inspection Clinic, at which the School Medical Officer examines children referred for special examination, is held on Wednesday afternoons and Saturday mornings. During the year, 1,014 children paid 1,270 visits to the 102 Clinics which were held.

Minor Ailments

Treatments are given every morning at the School Clinic, by a School Medical Officer assisted by two school nurses.

Table 6

Complaint	Cases	Attendances
Ringworm - Scalp	-	-
Body	-	-
Scabies	9	23
Impetigo	13	74
Other Skin Diseases ...	165	980
Minor Injuries	244	746
Verruicous Head	49	209
Otorrhoea	4	5
Other ear defect or disease	30	55
Blepharitis	1	6
Conjunctivitis	10	24
Other external eye disease	27	43
Miscellaneous	25	37
Totals	577	2202

Tonsils and Adenoids

In all, four hundred and forty-three children were operated upon during the year, three hundred and fourteen at Queen's Park Hospital, seventy-five at the Royal Infirmary, and fifty-four at Accrington Victoria Hospital. At the end of the year, there were one hundred and thirty children on the operation waiting list compiled by the School Health Service.

The department is notified of all children operated upon, to ensure follow-up on discharge.

Visual Defects

The Authority has continued to use the Supplementary Ophthalmic Services for the supply of spectacles to school children. Three clinics are held each week, attended by the Consultant Ophthalmologist, Mr. P. R. Stevens.

During 1961, one thousand five hundred and forty-five attendances were made at one hundred and twenty-one ophthalmic sessions. Of these attenders, three hundred and seventy-seven were new cases; spectacles were prescribed for five hundred and ninety-one children.

Heart, Rheumatism and Anaemia Clinic

During the year, thirteen attendances were made at the Heart Clinic, conducted by the Consultant Cardiologist.

The following table sets out particulars of cases seen during the year:

Cases referred from Routine		Referred for Haemoglobin Estimation	-
Medical Inspection etc.	2	" " Electrocardiograph	3
Number of re-visits	13	" " X-Ray	3
Total attendances	15	" " Blood Sedimentation	
Cases discharged or left school	4	Rate	-
Still on Register	6	Unfit for Exercises	-

Diagnoses arrived at -

Pulmonary stenosis	2	Subaortic stenosis	1
Patent ductus arteriosus	1	Functional bruit	-
Normal heart	3		

Physiotherapy and Remedial Exercises Clinic

PATIENTS TREATED AT THE PHYSIOTHERAPY CLINIC AND AT THE OPEN AIR SCHOOL

Table 7

	PHYSIOTHERAPY CLINIC								OPEN AIR SCHOOL	
	REMEDIAL EXERCISES				ELECTRICAL TREATMENT					
	School		Pre-School		School		Pre-School			
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
Breathing Exercises	76	705	4	54	-	-	-	-	57	1824
Postural Defects	20	226	2	10	-	-	-	-	19	515
Spinal Curvature	4	66	-	-	1	22	-	-	1	19
Poliomyelitis	2	32	-	-	2	32	-	-	-	-
Congenital Defects	6	60	4	47	1	7	-	-	3	85
Defects of the Feet	184	1766	35	277	2	55	-	-	17	324
Genu Valgum	32	376	42	385	2	65	-	-	-	-
Result of Accident	7	66	-	-	4	44	-	-	1	21
Other	8	45	2	23	3	25	-	-	1	20
Totals	339	3342	89	796	15	250	-	-	99	2808

Ultra Violet Light Treatment

Two hundred and thirty children underwent ultra violet light treatment and received a total of 3,304 exposures, as follows:-

	<u>Cases</u>	<u>Exposures</u>
Physiotherapy Clinic	197	2589
Open Air School	33	715
	<u>230</u>	<u>3304</u>

Speech Clinic

During 1961, one hundred and thirty-one children received treatment at the Speech Clinic. Of these, 109 attended the Clinic whilst 22 children were treated weekly at Four Lanes End School. In all, 1890 attendances were made.

The number of children discharged was 42, whilst 33 remained on the waiting list at the end of the year.

In January, 1961, the Speech Therapy staff consisted of two Speech Therapists, one full-time and one part-time. This

being the case, it was possible to clear the entire waiting list and keep up to date with new referrals.

During the year two sessions weekly took place away from the clinic, one at Blackburn Royal Infirmary and one at Four Lane Ends School. At the latter twenty-two children have been seen regularly every week and the rest have been fitted in whenever it was considered necessary or convenient. Several children were interviewed at the request of the teachers and advice or treatment given as indicated.

Unhappily, in October the staff was reduced to one part-time therapist with a consequent reduction in the number of children treated and a formidable waiting list again appears inevitable in the New Year.

The following table sets out particulars of the work carried out during the year, including children treated at Four Lanes End School.

No. of children who received treatment						
during 1961 ...						131
No. of attendances	...	...	...	...	...	1890
No. discharged	...	...	...	...	...	42
No. under treatment at end of year	...	...	...	...	...	57
No. on waiting list at end of year	...	...	...	...	...	33

Orthoptic Clinic

At the beginning of 1961 160 patients were awaiting examination by the Consultant; this "back log" is now completely clear.

The orthoptists have also had full sessions at Blackburn Royal Infirmary, where 203 new cases have been seen, the total number of attendances being 1,939. At the School Clinic, the number of new cases was 265; of these, 133 were of county and 132 of borough children.

The orthoptists, in conjunction with the Consultant Ophthalmologist have devised a chart comprised of a series of shapes, for the testing of children under seven years of age. In the past, various methods have been used for younger children (using cut-out diagrams of pictures not to scale) which are not very satisfactory.

By the end of the year, the new method had been tried with success on a limited number of young children. Early in 1962, therefore, it is hoped to begin regular testing in school of all children under the age of seven.

As will be noted in the following table, 3,661 attendances were made during the year, by 631 children, of which 326 were county cases.

	<u>Borough</u>	<u>County</u>	<u>Totals</u>
No. of Cases	305	326	631
No. of Attendances ...			3661
	-----	-----	
No. Discharged Cured .		206	
No. Cosmetically Straight		143	
No. Left District ...		15	
No. Operated upon ...		76	
No. on List for Operation		72	

Cleansing of Children

The School Nurses continue to pay regular visits to Schools to examine children for the presence of infestation. During 1961, 23,720 such examinations were made and 1,695 instances of infestation recorded.

The Clinic Attendant continued to carry out systematic cleansing, and in all eight thousand, nine hundred and forty-four treatments were given, to 483 children.

All treatments were carried out in school.

Audiometry

During 1961, the part-time audiometrician tested 1,845 children, 1,740 passing the test covering six different frequencies, at not more than 20 Db loss. One hundred and five cases were referred to the special clinic for further investigation and two hundred and sixty-three who failed by narrow margins were listed for re-testing at the next visit to their schools.

A special audio clinic is held once per week which includes full histories, a general examination of the child's nose and throat, as well as auroscopic examination of the ears and a full audiogram. The recommendations after examining one hundred and twenty-three cases were as follows:-

Referred to E.N.T. Consultant	52
For observation and retest after a period .	37
For forward placing in class	16
For Minor Ailment Clinic	3
For Speech Therapy	1
Referred to other Consultants	3
No further action required	9
Deferred	2

It must not be thought that the nine cases requiring no action and the thirty-seven for observation indicated wasted effort as many were due to simple disorders such as wax, catarrhal otitis media, etc., which were dealt with at the time. Also a number of the no action cases resulted from the noisy conditions under which testing has to be done in some schools.

SECTION THREE

DENTAL INSPECTION & TREATMENT

I am indebted to Mr. J. Rigby, L.D.S., Principal Dental Officer, for the following report on the work of the School Dental Service during 1961:-

The amount of treatment carried out during the period under review has been very similar to 1960, despite a welcome decrease of 10% in the number of casual patients treated. This factor has contributed towards an improved ratio of teeth conserved to teeth extracted. In 1960 the total number of extractions, (temporary and permanent) was 4,271, whilst fillings totalled 2,392, the relevant figures for 1961 being 4,151 and 2,926 respectively. As has been mentioned in previous reports, there is also a considerable amount of treatment carried out on children through the General Dental Services, none of which is, of course, reflected in the above figures.

The appointment of a part-time dental surgeon from September to carry out three sessions weekly, supplemented the two full-time school dental officers and improved staffing difficulties to some extent. Any further improvement is as much dependent on an increase in accommodation as any other factor which cannot be envisaged in the immediate future.

Miss M. Totty, the Senior Dental Surgery Attendant, retired in February and I would like to take this opportunity of thanking her for her long and valuable service to the Department, and extend to her my best wishes for the future.

As usual, the more difficult and prolonged orthodontic cases were referred to the Consultant Orthodontist, whilst the simpler and less protracted cases have been treated by the authority's dental surgeons.

From the appended tables it will be noted that the amount of treatment done was much the same as in 1960, although the general heading "other operations" shows a considerable increase. This is accounted for by the inclusion for the first time of all dressings and allied work done by the Consultant Orthodontist.

Early in 1962, it is hoped that two Air Turbine units will be installed. This will not only facilitate the operator's task of preparing cavities, but will also make the patient's attendance less of an ordeal.

A limited amount of preventive work has been carried out by the distribution of posters and leaflets to schools

and by the availability of leaflets in the waiting room. Instruction in oral hygiene is given at the chairside as and when the opportunity arises, both by the dental officer and the attendant. There is, however, still a vast amount to be done in this field.

In a recent survey carried out by the Assistant Medical Officers in three Secondary Modern schools in the Borough, the following facts were noted:-

Of 135 girls and 168 boys included in the survey, 67% of girls cleaned their teeth more than once daily, whilst the figure for boys was only 11%. The relevant figures for once daily were 27% and 39% respectively.

May I conclude by offering my thanks to the staff for their hard work and ready co-operation, Dr. C. Y. Howorth (Anaesthetist) and Mr. Monks (Royal Infirmary) for their help, the Principal School Medical Officer for his permission to quote the above figures and to the teaching staff for their unfailing assistance at all times.

J. RIGBY
Principal Dental Officer.

The appended tables summarise the work done in the department during 1961:

ROUTINE DENTAL TREATMENT	
Permanent Teeth Filled	2342
Temporary Teeth Filled	189
Root Treatment	42
Extractions	4051
Other Operations	1370
General Anaesthetics	607
Percentage who refused treatment	38
Percentage with dental caries	62.5
Percentage of appointments kept	88.8

ORTHODONTIC TREATMENT	
(By the Consultant Orthodontist, Mr. L.C.G. HODGKINS, L.D.S.)	
Cases carried over from previous year	40
Cases commenced during the year	15
Cases completed during the year	8
Cases discontinued during the year	2
Pupils treated with appliances	43
Removable appliances fitted	41
Fixed appliances fitted	3

D E N T A L T R E A T M E N T

Table 8

				Number of Permanent Teeth		Number of Temporary Teeth		Total Number of Teeth				Number of Other Operations							
				Extracted	Filled	Extracted	Filled	Extractions	Fillings			Administrations of General Anaesthetics	Administrations of Local Anaesthetics	Perm. Dress.	Perm. Scale	Temp. Dress.	Temp. Scale	Root Treatment	X-Ray
Routine	107	876	4771	886	2342	2423	189	3309	2531	604	3	941	628	46	9	-	-	42	124
Specials	-	-	897	197	-	645	-	742	-			668	181	-	1	-	-	-	2
TOTAL	107	876	5668	1083	2342	3068	189	4051	2531	607	1609	809		46	10	-	-	42	126

Appointments to attend the clinic were made to the number of
The number of appointments kept was
The number of routine cases completed was

<u>1960</u>	<u>1961</u>
5268	5422
4672	4771
2067	2092

SECTION FOUR

INFECTIOUS DISEASES

Information as to the incidence of non-notifiable infectious disease is obtained from teachers, welfare officers, public health inspectors, health visitors and parents.

The following table gives particulars of cases of infectious diseases occurring in school children during 1961.

Table 9

	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken Pox	Mumps	Dysentery	Primary Pneumonia	Acute Polionyelitis	Cerebro- Spinal Fever
January	3	-	622	19	37	30	5	-	-	-
February	9	-	330	48	40	7	-	-	-	-
March	6	-	139	13	65	5	2	-	-	-
April	5	-	67	2	17	-	6	-	-	-
May	7	-	33	9	35	2	6	1	-	-
June	6	-	9	5	9	3	7	-	-	-
July)										
August)	2	-	22	5	-	-	6	-	-	-
September	1	-	10	4	2	-	6	-	-	-
October	4	-	15	7	6	-	13	-	-	-
November	9	-	6	3	28	-	7	-	1	-
December	7	-	10	4	10	-	3	1	-	-
TOTALS	59	-	1263	119	249	47	61	2	1	-

SECTION FIVE

HANDICAPPED PUPILS

Ascertainment

The arrangements for the ascertainment of pupils requiring special educational treatment are covered by regulation of the Minister of Education, and have been detailed in previous reports.

Special School Provision

There are three special schools provided by the Authority, an Open Air School for Delicate children, a school for Partially Sighted Pupils in Corporation Park and the Four Lanes End School for Educationally Subnormal Pupils.

Partially Sighted Pupils are admitted to the Special School in Corporation Park. At the end of the year, eleven children (five boys and six girls) were in attendance.

I append a report of the School's activities by the Headmaster, Mr. H. H. Evans:

"Ten children, 4 boys and 6 girls were on roll at the beginning of the year. Two boys from Bolton Borough were admitted in February and one extra-district boy left to go to another Special School in September. At the end of the year there were 5 boys and 6 girls on roll.

In September a girl from Blackburn moved into Lancashire County area to become extra-district and so the number of children resident in the Borough of Blackburn fell to two (both girls).

During the past 6 years the number of Blackburn children admitted to the school has shown a steady decline and there has been a corresponding increase in the number of extra-district children admitted - particularly from Bolton Borough who now have six children placed here with the possibility of two more being admitted in the very near future.

On the face of it these facts would suggest that we in Blackburn have no partially-sighted children who would qual-

ify for admission here. But such an assumption could be very misleading, particularly when one considers that the national percentage of children qualifying for admission to partially-sighted schools is very much higher than that appertaining here.

The Headmaster feels that the old-fashioned idea, held by some, that a stigma attaches to any child admitted to a Special School still needs to be dispelled because any delay in the admission of a child here is very much against that child's interests. Further it only places an extra burden of responsibility on the teachers in ordinary schools who are continually attempting to cope with larger classes than is the ideal.

In short, it is perhaps open to question as to whether this school is being used to its maximum capacity by the community for which it exists. This is unfortunate when one considers the far-sightedness displayed in establishing the school some thirty-two years ago. In fact, I am reliably informed that Blackburn's DAY School for Partially-Sighted children is unique throughout an area stretching as far north as Barrow-in-Furness. I would stress that these facts do not in any way imply criticism of anyone or any department concerned with the admission of children here, they are presented purely for information and consideration.

The dedicated work of all the part-time members of the staff, both teaching and welfare must again be mentioned, their excellent team spirit and enthusiasm is reflected in the children themselves and provides a very good example for the latter to copy.

Our thanks are also due to the Chief Education Officer and his staff in their several departments for their courtesy, help and, occasionally, worthy forbearance in dealing with odd requests which are peculiar to a school of this nature.

In the case of two or three children in the school the services of a Child Guidance Clinic would be of very great value, and to this end we add our small plea to that of our colleagues in Four Lanes End School for the provision of such a Clinic at the earliest opportunity.

In retrospect, the year has been a happy and reasonably successful one, but television viewing in the evenings still proves to be a somewhat mixed blessing so far as partially-sighted children are concerned.

H. H. EVANS,

Headmaster."

Open Air School

Fifty-one children were admitted and fifty-eight discharged during 1961, one hundred and seventy being in attendance at the end of the year. The average duration of attendance of those

discharged was two years eight months and the average increase in weight was nine and a half pounds.

The reasons for the admission of the fifty-one new cases during the year were as follows:

Subnormal Nutrition	4	Bronchitis	6
General Debility	8	Rheumatism	2
Old Pulm. T.B.	1	Petit Mal	1
Bronchiectasis	2	Under-developed	14
Pemphigus	1	Erythema nodosum	1
Sinusitis	1	Spastic quadriplegia	1
Nervous debility	1	Arrested hydro-	
Bronchial Asthma	7	cephalus	1

Pupils are selected for admission by the School Medical Officer who re-examines them on admission to the school and at regular intervals thereafter. During the year, four hundred and fifty-seven such inspections were made.

Each child has milk twice a day (taken with biscuit or sandwich) and a hot mid-day meal; there is a daily rest period of one hour. Seventy-eight children have undergone courses of adexolin, fersolate, and other tonics.

Children suffering from Asthma have breathing and postural exercises from one of the Health Department Physiotherapists. Each child is given a weekly shower bath and is weighed at least once a month. The School Medical Officer examines each child at least every three months, whilst the School Nurse carried out regular cleanliness inspections and gave 164 children treatment for minor ailments.

Attendances during 1961 were satisfactory; average attendance was 139.0, the highest weekly percentage of average attendance being 90.8 per cent.

Educationally Subnormal Pupils

During the year, 59 children have been examined regarding their mental condition, with results as follows:-

Recommended for Special Day Schools	19
Recommended for Special Residential Schools	5
Required no action	21

Decision deferred	2
Discharged from Special Day School	2
Unsuitable for education at school	10

At the end of 1961, ninety-five children (51 boys and 44 girls) were in attendance at the Four Lanes End Special School.

I append the report of the Headmaster, Mr. F. Duerden, on the School's activities during the year.

At the end of 1961 there were 95 children on roll, five having been variously transferred during the last term. During the year, 26 children were admitted and 31 left. Of the leavers only 30 individual children were involved since one of them, through an unusual combination of circumstances, left twice during the year. Of these 30, 18 secured employment, 4 were transferred to Secondary Modern Schools (3 deascertained and 1 on psychiatric grounds), 5 were transferred to residential schools and 3 were declared ineducable after extended trial periods.

In previous reports I have attempted to specify the broad principles of organisation and method which have gradually been developed here, and indicated the guiding principles which have been evolved to cope with a diversity of problems particularly connected with E.S.N. children. Naturally new individual problems arise year by year but by now we feel that at least we are aware of the major ones, even if, as yet, we have not found every solution. These problems arise from the diversity of children within the school and will always be with us but this year, when we are approaching a move to new premises and an extension of our work, I feel it opportune to give some indication of problems to which attention has already been called but which are rapidly becoming more acute and will increasingly hamper the efficient functioning of the school. These are outside the direct control of my staff and myself but, given sufficient interest, some of them could be largely eliminated, although I appreciate that others are well-nigh insoluble. I also realise that in this kind of work everything must, of necessity, be based on a series of compromises - in a broad sense always having to choose the lesser of two evils - but I feel that it is also necessary to keep in mind the ideal organisation. I propose briefly to indicate and comment on what appears to me to be some of the factors I have in mind.

- a. The absence of a Child Guidance Clinic and consequently the lack of specialised advice.

In past years, I have consistently called attention to this deficiency in the local services but the general position, as it affects this school, is deteriorating, since there is an increasing tendency to refer children who, in addition to being E.S.N., have serious behaviour or delinquency problems. These are often approaching the end of their school life, hard cases

who are referred as a last resort, often posing grave problems for us. These children, although relatively few in number, often have a disproportionate effect on the behaviour and moral outlook of the rest of the school family quite apart from the organisational difficulties involved in the special attention required in the teaching groups. One result of this special referral can be inferred from the number of children leaving here for residential schools - in 1961 alone there were as many as in the years 1956, 1957, 1958, 1959 and 1960 together.

b. The age "Disbalance" of the school.

I have attempted to rectify this over the past seven years by attempting to secure new entrants from the lowest age groups but this has proved impossible because the waiting list has never contained enough children of these particular ages. Priority cases and the special cases referred to above have also bedevilled the situation. In short I have been compelled to accept children indiscriminately as far as age is concerned thus perpetrating, and often increasing, practical difficulties, mainly in the organisation of classes and teaching groups. For the past four years the class for the youngest children has consistently contained children aged 6, 7, 8 and 9 and occasionally 10 year olds as well. As this should be the class where the foundations of our school life are laid this wide age range, of itself, introduces serious complications. This disbalance also precludes an orderly progression from class to class throughout a child's school life since the number of children leaving of age each year varies considerably, 1956 - 15, 1957 - 8, 1958 - 10, 1959 - 23, 1960 - 10, 1961 - 18.

The ages at the end of 1961 were as follows:

15+	14+	13+	12+	11+	10+	9+	8+	7+	6+
1	16	16	16	16	14	11	5	3	1

It will be noticed that the seniors show a kind of internal balance because, with the exception of four children, all of them have arrived via the waiting list which was sufficiently strong in seniors for age to be taken into consideration when places were offered. The 'ideal' over the present age range would be 10 in each group and I am convinced that in seven years this could have been attained within very fine limits. The root of this particular problem lies in

c. The casual system of reporting suspected E.S.N. children to the Authority for examination.

In common with many other Local Authorities

Blackburn has no regularised system of reporting suspected E.S.N. children for medical ascertainment. Broadly, anyone who comes in official contact with children can suggest that an examination would be advisable, but whether or not this reporting is done appears to be entirely discretionary. This is not so in the progressive larger Authorities where procedure is laid down resulting, by and large, in the ascertainment of these children at an appropriate age (usually round about 7). If such a system were in operation in Blackburn, and I would stress that there are no inherent difficulties in instituting this, the vast majority of organisational problems within this school would be eliminated. Further the smooth progression to an extension of E.S.N. provision in the future, and an extension to the educational remedial work in "ordinary" schools, would be facilitated.

d. The competing claims of various "priority" classes.

As mentioned above many priority cases are children who have developed behaviour problems or drifted into delinquency over a long period and their educational sub-normality has only been officially established during their later school life. An E.S.N. child does not suddenly become E.S.N. - limited ability, not attainment, is the operative factor and this is equally evident at 7 years as 13 years old. My mental reaction on receipt of such cases is always "If this child had been ascertained at 7 years old and he could have received appropriate treatment he might not have developed the anti-social tendencies he is now showing". Systematized ascertainment would have discovered his needs many years before. These cases are increasing - over the past four years the percentage admissions by age are as follows -

14+	13+	12+	11+	10+	9+	8+	7+	6+
2.4	4.9	2.4	14.8	9.9	29.6	13.5	15.9	6.1

Thus 24.5% were admitted as Seniors i.e. of secondary school age. Of all children admitted after the initial built up of the school 22% have been admitted as seniors. Apart from removals into the area and the occasional special case, an ideal system would confine the new entrants to lower juniors.

e. The constant movement of children within the school from class to class (by age) and from teaching group (by ability)

This is a problem common to most E.S.N. schools. It can be modified by only admitting children once a year but this means leaving vacancies unfilled for extended periods and whilst there are waiting lists this cannot easily be

contemplated. It can also be modified by, as far as possible, keeping a child in the same group for his entire school life, but this in its turn raises new problems and, in this school, would change the entire internal organisation which has, over the past seven years, proved itself. It is universally recognised that E.S.N. children respond most readily to a settled atmosphere in school, but unfortunately we are compelled to have radical changes in the composition of classes and teaching groups at the beginning of each term partly, but not entirely, due to the absence of 'spare' places. A simple example will suffice to show the extent of this problem - if 5 children leave of age and 5 new entrants arrive it necessitates 20 other children moving to new classes, 20 others to new English Groups and a further 20 to new Number Groups. This kind of movement occurs at the beginning of each term.

I am hoping that the deferred move to Crosshill will provide an opportunity for consideration to be given 'in other quarters' to an elimination of at least some of these difficulties.

The year's work has been most frustrating to my staff and myself. We are increasingly benefiting from an extending knowledge of the problems involved in this kind of work, and, from experience, are basing our efforts on a more solid foundation instead of diffusing our energies in chasing will-of-the-wisp theories which appear to offer solutions. Despite all this, however, we have been severely handicapped by personal factors over which we have had no control. I refer to the changes of personnel in the school. The ancillary staff (P.O.M.) had several runs of illnesses (one fortnight we had three changes), we have had three caretakers during the year, and we lost two of our teachers. The latest comer to the staff left in April owing to domestic commitments and Mr. Rogerson, the Deputy Head, who had been with us since the school opened, died in March after a long series of illnesses. Although the loss of each was a grievous one to the life of the school, that of Mr. Rogerson was a much more serious one in so far that he had developed a method of laying foundations for others to build on, and this has been sadly missed since his death. Owing to the general shortage of 'ordinary' teachers and the almost non-existence of teachers attracted to this kind of work it was impossible for an extended period adequately to cover the gaps. In four months we had eight changes of staff, concentrated on two classes, interspersed with occasional absences of the regular staff. Apart from the damage done to the direct teaching of the two classes concerned the general organisation suffered, the teaching of every teacher was affected and the necessary makeshift expedients in the composition of teaching groups could only lead to a feeling of bewilderment and confusion to all the children. In short much more effort and application was demanded of, and given by, the staff but their satisfaction was in no way commensurate with the efforts put in. A further complication was the basic attitude of the children to any new staff member. In the past we had

noted a feeling of non-acceptance by many of the children when a new staff member started duty which would persist for a considerable time, but the frequent changes during the year soon made it apparent that there was a feeling of active resentment against the new-comer who would only be accepted as an individual after an extended trial period. It would appear that, whatever the circumstances, the new-comer is directly blamed for driving out the accepted teacher. I am hoping that the coming year will be more settled - a permanent staff member having been appointed from Midsummer 1961 and a second one from Easter 1962.

I append the Reading results at the end of each year for the past three years -

	14+	13+	12+	11+	10+	9+	8+	7+	6+	5+	Non- starter	Orig- inally N.S.now started
1959 (95)	2	5	-	7	6	9	8	23	12	14	9	52
1960 (99)	4	3	2	6	4	6	17	25	11	12	9	43
1961 (93)	1	-	-	5	3	6	18	18	15	21	6	36

On a superficial examination of the 1961 results it would appear that progress, in comparison with previous years, has not been maintained and a hasty conclusion might suggest that there had been a slackening of effort, but some of the adverse factors mentioned in the first part of my report are now cumulatively affecting results. I would particularly suggest the following -

- Disturbance due to staffing difficulties.
- Disbalance of ages resulting in a variation in the numbers leaving in any particular year. For example in 1960 only 13 children left for all reasons whereas in 1961 30 left.
- Disbalance of ages resulting in a shorter school life. This can easily be appreciated from the average figures in 1959 and 1960, compared with those for 1961 -

	1959/1960	1961
Average school life in months	45	41
Average Reading Age in years	8.6	7.7
Average increase in months	7	5

Staffing difficulties also somewhat curtailed our programme of out-of-school activities, especially in the development we visualized in preparing the oldest children for the change from their sheltered life here to the more violent surroundings of industry. We were, however, able to organise a trip open to all children to the Circus at Manchester. This was the first time we had ventured to take the youngest children on a long excursion. As I have pointed out before, the prime purpose of our excursions is not so much the aspect of enjoyment but rather to provide new background experiences for the children. Even the commonplace journey by coach was a thrilling experience for many of them. The day excursion for 40 of the senior children was to Liverpool and included the tour of a ship, a trip up and down the Mersey by steamer, the crossing to New

Brighton and the return through the Mersey Tunnel. We are well rewarded for our efforts in organising trips like these when we see the splendid behaviour of the children, especially during the periods when, by design, they are not under direct control.

I am again pleased to report gratifying swimming successes bearing in mind the relatively small number of swimmers involved. In addition to the usual Learner and Proficiency Certificates the following Life-Saving awards were gained - 7 Elementary Certificates, 5 Intermediate Certificates and 5 Bronze Medallions - once again 100% successes. I would particularly mention my own staff member, who at short notice had to undertake the necessary instruction in school, and Mr. R. Scholey who has always shown a special interest in our children.

The practical instruction periods have remained as last year - three sessions Domestic under three separate teachers and one session Handicraft. In the case of the boys 26 who were eligible by age for Handicraft received no instruction whatever.

The ancillary services connected with school have worked efficiently and smoothly. I deeply appreciate the constant help I receive from the officials and staff of the Health Services, especially our own Health Visitor. The new Speech Therapist quickly settled in with us, and I have nothing but praise for her efforts with the children who have been referred to her for treatment or preliminary investigation. Twenty-two children were on her books by the end of the year.

We still have very few "official" visitors - a fact which I deplore, being convinced that not many people fully appreciate what we are trying to do here. We have a steady flow of visitors from the medical side (student nurses, visiting specialists etc.), a smaller number of teaching students in training seeking information for specialised studies and a few teachers who require access to materials and ideas in connection with backward children.

My thanks are due to the Chief Education Officer and his departmental staff for consideration and help at all times, and not least for being given freedom to work out our own destiny. The deferment of our move to Crosshill has been a great disappointment since, despite all the attendant headaches, it should offer opportunities for an extension and development of our work here.

My staff have remained cheerful and willing throughout a most difficult year. I personally appreciate the fact that it is unnecessary for me to give orders - a suggestion is sufficient for all of them voluntarily to undertake extra work for the good of all. Both the Authority and myself are indeed fortunate in having such conscientious and willing workers.

Frank Duerden.

Headmaster.

HANDICAPPED PUPILS REQUIRING EDUCATION IN SPECIAL SCHOOLS

AT THE END OF THE YEAR

Table 10

	Newly placed in Special Schools	Newly Ascertained	Attending Special Schools		Being + education under Section 56	Requiring places +
			Day	Boarding		
Blind	1	1	-	6	-	1
Partially Sighted	-	1	11	-	-	1
Deaf	1	-	-	12	-	-
Partially Deaf ..	2	1	-	4	-	-
Delicate	49	48	157	6	2	9
Phys. Handicapped	2	1	12	3	-	2
Educationally Subn	30	23	100	10	-	34
Maladjusted	-	3	-	1	-	5
Epileptic	1	1	3	1	-	-
Totals	86	79	283	43	2	52

+ In conformity with Ministry of Education Form 21M, these figures are at January 20th, 1962, NOT December 31st, 1961.

ANALYSIS OF SPECIAL SCHOOLS TO WHICH BLACKBURN CHILDREN HAVE BEEN ADMITTED

On January 20th, 1962, 326 children (165 boys and 161 girls) were in special schools as follows:

BLIND PUPILS

	Boys	Girls
Wavertree School, Liverpool	3	-
St. Vincent's, Liverpool	1	-
Henshaw's, Old Trafford	-	2

PARTIALLY SIGHTED PUPILS

Partially Sighted Class, Corporation Park, Blackburn ...	2	2
--	---	---

DEAF PUPILS

Mary Hare Grammar School, Newbury	2	-
Royal Cross School for the Deaf, Preston	1	7
St. John's, Boston Spa	2	-

PARTIALLY DEAF PUPILS

Liverpool School for the Partially Deaf, Birkdale	2	-
Thomasson Memorial School, Bolton	1	1

DELICATE PUPILS

St. Catherine's, Isle of Wight	1	-
Ian Tetley School, Harrogate	1	-
Lostock Open Air School, Bolton	-	3
St. John's School, Woodford Bridge	1	-
Black-a-Moor Open Air School	67	90

EDUCATIONALLY SUBNORMAL PUPILS

Rudolf Steiner, Ringwood	1	-
Four Lanes End Special School	55	45
Crowthorn, Bolton	5	-
Rudolf Steiner, Aberdeen	-	1
Eden Grove, Appleby	1	-
Aldwark Manor	1	-
Thingwall, Liverpool	-	1

MALADJUSTED PUPILS

Breckenbrough School	1	-
-----------------------------	---	---

EPILEPTIC PUPILS

Maghull, Liverpool	1	-
Black-a-Moor Open Air School	3	-

PHYSICALLY HANDICAPPED

Black-a-Moor Open Air School	7	3
Birtenshaw Hall, Bolton	1	2
Singleton Hall	1	-
Bradstock Lockett, Southport	1	-

SECTION SIX

MISCELLANEOUS

Co-operation

Teachers, parents and School Welfare Officers have fully co-operated in the work of the School Medical Department. To them my thanks are expressed.

National Society for the Prevention of Cruelty to Children.

Mr. D. J. Evans, Inspector of the Blackburn Branch, works in close association with the Health Visitors, and his continued help is much appreciated.

During the year 1961, eight cases were reported through the School Health Service, involving the welfare of twenty-one children. In one case this involved taking the mother to Court, where she was convicted and fined and the child subsequently committed to the care of the Local Authority.

Employment of Children and Young Persons

School Medical Officers examined 1131 children for employment during 1961.

Four hundred and nine children (314 boys and 95 girls) were newly licensed for employment out of school hours, and five children were licensed to take part in entertainments.

Deaths of School Children, 1961

Leukaemia	2
Congenital Condition	1
Diphtheria	1
Cardiac Failure	1
Broncho Pneumonia	1
Influenza	1

Nursery Classes

There are thirty-four Nursery Classes in the Borough for

the accommodation of children between the ages of three and five years. Inspection findings of children in attendance at these classes are incorporated in the appropriate group of Periodic Medical Inspection Tables.

The number of children on the rolls at the end of the year was 1011.

School Nurses visit each Nursery Class at frequent regular intervals.

Physical Education

I am indebted to the Chief Education Officer for the following Report on Physical Education in the Schools.

If results in the various branches of physical education can be taken as a measure of success, 1961 can be considered an outstanding year as far as Blackburn is concerned. Early in the year the Royal Life Saving Society informed the Chief Education Officer that the National Trophy for Primary and Secondary Schools had been awarded to this Authority. This was another milestone in the history of Blackburn and was the culmination of hard work over many years by the School Swimming Instructors and Instructresses.

Later in the year the Blackburn Girls' Netball Team won the trophy at the Lancashire Schools' Netball Rally and the Blackburn Boys' Cricket Team completed a wonderful run of success when they won the Lancashire Schools' Cricket Trophy for the first time.

The Lancashire Schools' Cross Country Championships were held at Witton Park in February and the Lancashire Schools' Athletics Championships were held at Witton Park Athletics Track in July. Both these events were well-organised and Blackburn teachers are to be congratulated for their interest and keenness in out-of-school activities.

Attendances at teachers' courses arranged by the Committee's Organisers were very gratifying and the interest shown during the discussions proved most encouraging. Several men teachers have shown a real interest in creative dance in Primary Schools.

Headteachers are fully aware of the value of organised games periods, and there has been a marked improvement in the overall standard of boys' and girls' games and outdoor pursuits during the past 5 years. Several schools are showing a keen interest in camping, canoeing and outdoor activities.

Many young people and adults of both sexes are taking advantage of the recreative evening classes at Barton Street Gymnasium and Harrison Gymnasium during the winter months.

Keen interest has been shown in "Keep Fit Classes" for women arranged in the Lammack and Shadsworth areas, under the direction of the People's College.

School Meals Service

Milk supplied in schools. During the year 2,638,821 bottles (each bottle containing $\frac{1}{2}$ pint) were supplied to children free of charge.

Meals supplied during 1961

Meals supplied free (necessitous cases)	82,301
Meals supplied for payment	1,514,886
Special Schools (Paid 40,044 (Free 5,494)	45,538
Occupation Centre	7,161
Total meals supplied during the year	<u><u>1,649,886</u></u>

Average daily number fed each month:

January	9246	May	9203	September	9528
February	8989	June	9147	October	9579
March	9306	July	9119	November	9384
April	9637	August	54 (holidays)	December	8588

MINISTRY OF EDUCATION

MEDICAL INSPECTION RETURNS

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected	Number Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	%	No.	%
1957 & later	321	321	100	-	-
1956	976	976	100	-	-
1955	374	374	100	-	-
1954	104	104	100	-	-
1953	33	33	100	-	-
1952	4	4	100	-	-
1950	209	209	100	-	-
1949	95	95	100	-	-
1947	285	285	100	-	-
1946 & earlier	846	846	100	-	-
Total	3247	3247	100	-	-

B. PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected	For Defective Vision (excluding Squint)	For any of the other conditions recorded in Table 11	Total individual pupils
1957 & later	-	45	42
1956	2	147	157
1955	1	55	55
1954	3	23	25
1953	2	3	5
1952	-	-	-
1950	29	30	56
1949	14	13	27
1947	38	27	59
1946 & earlier	53	39	89
Total	142	382	495

C. OTHER INSPECTIONS

No. of Special Inspections	...	...	1157
No. of Re-inspections	...	...	1844
Total			<u>3001</u>

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

PERIODIC INSPECTIONS

Table 11

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
4	Skin	3	1	3	-	-	2	6	3
5	Eyes - a. Vision ...	6	1	93	-	51	3	150	4
	b. Squint ...	27	11	3	-	5	-	35	11
	c. Other ..	4	2	-	1	-	1	4	4
6	Ears - a. Hearing ...	15	2	13	2	4	-	32	4
	b. Otitis Media.	14	-	4	-	-	-	18	-
	c. Other ..	6	3	4	-	-	-	10	3
7	Nose and Throat ..	52	39	5	4	8	8	65	51
8	Speech	7	18	-	-	6	-	13	18
9	Lymphatic Glands .	-	-	-	-	-	-	-	-
10	Heart	5	3	-	-	1	-	6	3
11	Lungs	20	22	-	1	1	-	21	23
12	Developmental -								
	a. Hernia	2	2	2	-	1	-	5	2
	b. Other ..	-	-	-	-	-	-	-	-
13	Orthopaedic -								
	a. Posture. ...	7	1	3	-	10	-	20	1
	b. Feet ...	51	15	21	-	26	2	98	17
	c. Other ..	7	4	3	1	1	1	11	6
14	Nervous System -								
	a. Epilepsy ...	-	-	-	-	-	-	-	-
	b. Other ..	-	-	-	-	-	-	-	-
15	Psychological -								
	a. Development .	19	10	3	7	5	15	27	32
	b. Stability ...	2	3	-	-	6	-	8	3
16	Abdomen. ...	-	-	-	-	-	-	-	-
17	Other	25	31	2	6	3	-	30	37

SPECIAL INSPECTIONS

Table 12

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Requiring Treatment	Requiring Observation
4	Skin	1	-
5	Eyes - (a) Vision	71	2
	(b) Squint	26	1
	(c) Other	1	-
6	Ears - (a) Hearing	4	-
	(b) Otitis Media	5	-
	(c) Other	2	-
7	Nose and Throat ..	43	4
8	Speech	15	4
9	Lymphatic Glands .	1	-
10	Heart	-	1
11	Lungs	6	2
12	Developmental ...		
	(a) Hernia	-	-
	(b) Other	-	5
13	Orthopaedic -		
	(a) Posture	1	-
	(b) Feet	11	1
	(c) Other	12	2
14	Nervous System -		
	(a) Epilepsy	-	-
	(b) Other	-	1
15	Psychological -		
	(a) Development	-	6
	(b) Stability	-	-
16	Abdomen.	-	-
17	Other	19	3

Table 13

INFESTATION WITH VERMIN

(i)	Total number of individual examinations in the schools by the school nurses or other authorised persons	23,720
(ii)	Total number of individual pupils found to be infested	483
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).. ...	-
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944).. ...	-

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS

Table 14

GROUP A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of cases known to have been dealt with
External and other, excluding errors of refraction and squint	38
Errors of refraction (incl. squint)	1,571
Total	1,609
Number of pupils for whom spectacles were prescribed	591

GROUP B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	43
(b) for adenoids & chronic tonsillitis	443
(c) for other Nose and Throat conditions	98
Received other Forms of treatment	314
Total	898
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1961	5
(b) in previous years	14

GROUP C - ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
(a) Pupils treated at clinics or out-patient departments	354
(b) Pupils treated at school for postural defects	99
Total	453

GROUP D - DISEASES OF THE SKIN (excluding uncleanness, for which see Table 13)

	No. of cases known to have been dealt with
Ringworm - (i) Scalp	-
(ii) Body	-
Scabies	9
Impetigo	13
Other Skin Diseases	165
Total	187

GROUP E - CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	-
--	---

GROUP F - SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority	131
---	-----

GROUP G - OTHER TREATMENT GIVEN

(a) Number of miscellaneous minor ailments treated by the Authy	269
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G.	550
(d) Others (Specify)	
1. Orthoptics	305 +
2. Sunlight	230
3. Cleansing	483
Totals (a - d)	1,837

+ In addition, 326 Lancashire County Council pupils were dealt with during the year.

DENTAL INSPECTION AND TREATMENT

Table 15

(1)	Number of pupils inspected by the Authority's Dental Officers:-							
(a)	At Periodic Inspections ..	...	...	...	...	...	...	13,156
(b)	At Specials ...	...	...	...	...	...	...	897
	Total (1)							<u>14,053</u>
(2)	Number found to require treatment ...							7,236
(3)	Number offered treatment ..							7,236
(4)	Number actually treated ..							3,332
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) ..							5,668
(6)	Half-days devoted to: Periodic (School) Inspection ...							107
	Treatment ..							876
	Total (6)							<u>983</u>
(7)	Fillings: Permanent Teeth ...	...	...	...	...	...	...	2,720
	Temporary Teeth ...	...	...	...	...	...	...	206
	Total (7)							<u>2,926</u>
(8)	Number of teeth filled: Permanent Teeth ...							2,342
	Temporary Teeth ...							189
	Total (8)							<u>2,531</u>
(9)	Extractions: Permanent Teeth: ...	...	...	...	...	...	...	1,083
	Temporary Teeth: ...	...	...	...	...	...	...	3,068
	Total (9)							<u>4,151</u>
(10)	Administration of general anaesthetics ..							607
(11)	Orthodontics:							
(a)	Cases commenced during the year ...							32
(b)	Cases carried forward from previous year ...							43
(c)	Cases completed during the year ...							19
(d)	Cases discontinued during the year .							6
(e)	Pupils treated with appliances ...							60
(f)	Removable appliances fitted ..							60
(g)	Fixed appliances fitted ..							3
(h)	Total attendances ..							639
(12)	Number of pupils supplied with artificial dentures .							37
(13)	Other operations:							
	Permanent Teeth ...	...	...	...	...	...	...	1,360
	Temporary Teeth ...	...	...	...	...	...	...	10
	Total (13)							<u>1,370</u>

I N D E X

	Page
SECTION 1 MEDICAL INSPECTION	10
" 2 TREATMENT	15
" 3 DENTAL INSPECTION AND TREATMENT	21
" 4 INFECTIOUS DISEASES	24
" 5 HANDICAPPED PUPILS	25
" 6 MISCELLANEOUS	36
MINISTRY OF EDUCATION RETURNS	39

	Page		Page
Anaemia	16	N.S.P.C.C.	36
Audiometry	19	Nervous Conditions	13
Blind Pupils	34,35	Nose and Throat	12
Chest Complaints	13	Nursery Classes	36
Cleansing	19	Open Air School	26
Clinics, list of	7	Orthodontic Treatment	22
Condition, General	11	Orthopaedics	12
Cost of School Health Service ..	8	Orthoptic Clinic	18
Deaf Pupils	34,35	Parents, Attendances at	
Deaths of School Children	36	Routine Inspection	11
Delicate Pupils	26,34,35	Partially Deaf Pupils	34,35
Dental Inspection & Treatment ..	21	Partially Sighted Pupils	25,34,35
Developmental	13	Physical Education	37
Ear, Nose and Throat	12	Physically Handicapped Pupils ..	34,35
Education Committee	1	Physiotherapy	17
Educationally Subnormal Pupils	27,34,35	Population, School	9
Employment of Children	36	Provision of Meals	38
Epileptic Pupils	34,35	Psychological Defects	13
Eye Troubles	11,16	Rheumatism	16
General Condition	11	School Meals	38
Handicapped Pupils	25	School Nurses, Work of	14
Hearing	12	Skin Diseases	13
Heart Defects	13	Special Schools	25
Heart, Rheumatism & Anaemia Clinic	16	Speech Therapy	17
Heights and Weights	13	Staff of School Health Service ...	2
Infectious Diseases	24	Strabismus (Squint)	18
Inspection Clinic	15	Throat Defects	11,16
Inspection, Dental	21	Treatment, Dental	21
Inspection, Medical	10	Treatment, Medical	15
Lung Defects	13	Ultra Violet Light Clinic	17
Lymphatic Glands	13	Vision	11,16
Maladjusted Pupils	34,35		
Medical Inspection	10		
Medical Treatment	15		
Ministry of Education Returns ..	39		
Minor Ailments Clinic	15		

